

UNITED STATES DISTRICT COURT

District of MASSACHUSETTS

TODD W. WILLIAMS
Plaintiff,

V.

GUY W. GLODIS,
Defendant.

SUMMONS IN A CIVIL CASE

CASE NUMBER: 05-40149-FDS

TO: (Name and address of Defendant)

GUY W. GLODIS
5 Paul X. Tivnan Dr.
West Boylston, MA 01583

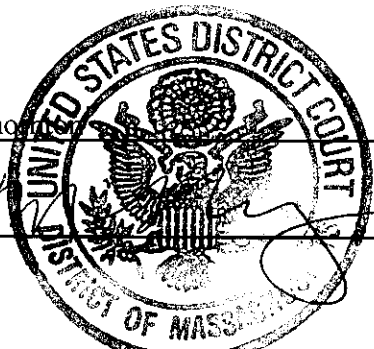
YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

TODD W. WILLIAMS
5 Paul X. Tivnan Dr.
West Boylston, MA 01583

an answer to the complaint which is served on you with this summons, within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

Sarah Allison Thomas
CLERK

(By) DEPUTY CLERK



September 1, 2005
DATE

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

| | | | |
|--------------------------------------|---|---|--|
| PLAINTIFF <u>Todd W. Williams</u> | | FILED IN CLERKS OFFICE 2005 OCT - 3 P 3:46 | COURT CASE NUMBER <u>05-40149-FDS</u> |
| DEFENDANT <u>Guy W. Gladis</u> | | | TYPE OF PROCESS |
| SERVE ➔ | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Superintendent Guy W. Gladis</u> | | |
| | ADDRESS (Street or RFD, Apartment No., City, State and Zip Code) <u>5 Paul X. Timan Dr. West Boylston, MA. 01583</u> | | |
| AT | SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: <u>Todd W. Williams - 0078609</u> <u>5 Paul X. Timan Dr.</u> <u>West Boylston, MA.</u> <u>01583</u> | | |
| | | Number of process to be served with this Form - 285 | |
| | | Number of parties to be served in this case | <u>1</u> |
| | | Check for service on U.S.A. | |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold

Signature of Attorney or other Originator requesting service on behalf of:

Todd W. Williams☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---------------------------|-------------------------------------|------------------------------------|--|------------------------|
| I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) | Total Process <u>1</u> | District of Origin No. <u>38</u> | District to Serve No. <u>38</u> | Signature of Authorized USMS Deputy of Clerk <u>Nancy Salamea</u> | Date <u>9/16/05</u> |
|---|---------------------------|-------------------------------------|------------------------------------|--|------------------------|

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Ann Lundell - Secretary

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.Date of Service
9/12/05 Time
1400 pm

Signature of U.S. Marshal or Deputy

Gilbert A. Bohn

| | | | | | | |
|-----------------------------|--|----------------|-------------------------------|------------------|--------------------------------|------------------|
| Service Fee <u>45.00</u> | Total Mileage Charges (including endeavors) | Forwarding Fee | Total Charges <u>45.00</u> | Advance Deposits | Amount owed to U.S. Marshal or | Amount of Refund |
|-----------------------------|--|----------------|-------------------------------|------------------|--------------------------------|------------------|

REMARKS: